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FAX TRANSMISSION**DATE:** December 22, 2006**PTO IDENTIFIER:** Application Number 10/643,404-Conf. #3999
Patent Number**Inventor:** Takayuki Tanaka et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Mark D. Russett

PHONE: (617) 439-4444**Attorney Dkt. #:** 59753 (48185)**PAGES (Including Cover Sheet):** 7**CONTENTS:** Amendment Transmittal (1 page);
Amendment in Response to Final Office Action (4 pages);
Certificate of Transmission (1 page).

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PTO/SR/97 (03-04)

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Application No. (if known): 10/643,404

Attorney Docket No.: 59753 (48185)

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Lakeisha Bryant

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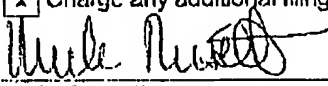
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Amendment Transmittal (1 page);

Amendment in Response to Final Office Action (4 pages).

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AMENDMENT TRANSMITTAL LETTER				Docket No. 59753 (48185)	
Application No. 10/643,404-Conf. #3999	Filing Date August 18, 2003	Examiner B. Y. S. Kwon	Art Unit 1614		
Applicant(s): Takayuki Tanaka et al.					
Invention: MEDICAMENT FOR PREVENTION AND/OR THERAPY OF ARTERIAL WALL DISORDER					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	3	- 20 =	0	x 50.00	0.00
Independent Claims	1	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Mark D. Russett Attorney/Agent Reg. No.: 41,281				Dated: <u>December 22, 2006</u>	
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444					
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Docket No.: 59753 (48185)
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Takayuki Tanaka et al.

Application No.: 10/643,404

Confirmation No.: 3999

Filed: August 18, 2003

Art Unit: 1614

For: MEDICAMENT FOR PREVENTION AND/OR
THERAPY OF ARTERIAL WALL DISORDER

Examiner: B. Kwon

AMENDMENT IN RESPONSE TO FINAL OFFICE ACTION

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated September 26, 2006 (the "Action"), please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 3 of this paper.